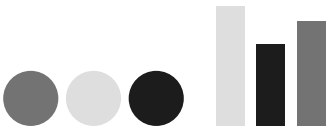
DO GAPS IN CHILDREN'S HEALTH COVERAGE MAKE A DIFFERENCE?

Results of RIte Care Family Health Survey



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September, 2004

Supported by funds from: State Coverage Initiative
Robert Wood Johnson Foundation

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I. EXECUTIVE SUMMARY

Uninsured children have less access to health care and have poorer health outcomes. In addition children with gaps in coverage, who do not have continuous relationships with medical providers, also experience delayed care and barriers to health care. This study shows the effect of disruption in coverage on a cohort of RIte Care Medicaid managed care enrollees, under age 18, who were continuously enrolled in RIte Care for at least 12 months prior to the study period and then follow-up at 12 months to determine the effects of gaps in health coverage on access to health care.

Children with intermittent health insurance coverage (uninsured average of 5.2 months in year) were significantly more likely to have poor access to health care, face more barriers to care and have many more unmet medical needs.

Major Findings:

- Hispanic children, especially if their parents do not speak English, were significantly more likely to have intermittent health coverage compared to White – Non-Hispanic children. (Note: Many Hispanic parents did not always understand their RIte Care coverage had ended).

- Children with intermittent health coverage were significantly more likely to live in families that experienced other household disruptions, including moving, loss of job, inability to pay rent, parents without health insurance, and household without a phone.

- Children with gaps in coverage had less access to medical care than children with no gaps. For example they were significantly less likely to have a usual place for routine care, have a personal doctor or have a medical check-up. They also faced much greater difficulty getting medical care (28.3% compared to 7.4%).

- The top three barriers to parents getting medical care for their children with intermittent health insurance were lack of insurance, changing insurance, and not having enough money to pay doctor. The children with gaps in coverage experienced these barriers at 3-6 times the rate as children without gaps.

- Children with disruptions in health insurance were significantly more likely to have unmet need. They were significantly more likely not to get needed well child care, dental care, prescription medication, specialty care and mental health care.

- Despite problems with access to care children with intermittent health insurance receive almost the same number of well visits, sick visits and specialty visits as children with continuous insurance.

II. BACKGROUND

Importance of Health Insurance for Children

It is well documented that children without health insurance have less access to health care than children with health insurance. Children with health insurance are more likely to have a regular source of primary care (i.e., medical home), more well child visits and fewer unmet needs. [1,2,3]

Due to lack of access to primary care uninsured children also have poorer health outcomes. They receive care late in the development of a health problem and are at higher risk for hospitalization. [3] In addition, they are more likely to have undiagnosed and untreated medical conditions that are amenable to intervention including anemia, otitis media, dental disease, asthma and attention deficit hyperactivity disorder. [3]

1 Newacheck P, Stoddard J, Hughes D, Pearl M, Health Insurance and Access to Care for Children. New England Journal of Medicine, 338(8):513,1998

2 Packard Foundation, Health Insurance for Children, pp 153-167, The Future of Children (13):1, 2002

3 Institute of Medicine, Health Insurance is a Family Matter, pp 91-124, National Academy Press, 2002

Gaps in Children's Health Insurance

Several studies have reported that expanding eligibility and health insurance to low-income children is not enough to ensure access to care. [4,5,6] Although these reports applaud recent expansions of children's health coverage they state it is paramount to ensure continuity of enrollment to provide stable coverage so children will maintain continuous relationships with their medical providers. Children with gaps in coverage experience delayed care and were more likely to inappropriately use the emergency room. [5]

Purpose of Rhode Island Survey

The purpose of this survey was to determine the effect of disruption of health coverage on access, utilization and satisfaction with health care for low-income children and adolescents less than eighteen years old who had been continuously enrolled in RIte Care, Rhode Island's Medicaid managed care program for low income families, for at least one year.

4 Rosenbach M, Irvin C, Coulam R, Access for Low-Income Children: Is Health Insurance Enough? Pediatrics (103):6:1167, 1999.

5 Ku L, Ross D, Staying Covered: The Importance of Retaining Health Insurance for Low-Income Families, pp 7-8, Commonwealth Fund, 2002.

6 Short P, Graife D, Schoen C, Churn Churn, How Instability of Health Insurance Shapes Americas Uninsured Problem, pp 2-4, Commonwealth Fund, 2003.

III. METHODS

Sample Selection

Rhode Island's Encounter Data was used to create a retrospective cohort of children and adolescents ≤ age 18 who were continuously enrolled in RIte Care from July 1, 2001 – June 30, 2002 (n=85,900). This cohort of 85,900 children was tracked over the subsequent year, July 1, 2002 – June 30, 2003, to determine their days enrolled in RIte Care. Table 1 shows the distribution of the RIte Care cohort's enrollment in the subsequent year.

TABLE 1: SUBSEQUENT YEAR ENROLLMENT STATUS OF RITE CARE COHORT CONTINUOUSLY ENROLLED JULY 1, 2001 – JUNE 30, 2002 (n=85,900)

Months Enrolled In RC in Subsequent Yr*	Number	Percent	Random Sample	Expected Responses
0	7,653	8.9%	495	165
1 – 5	10,276	12.0%	495	165
6 – 10	15,890	18.5%	495	165
12	52,081	60.6%	495	165
	85,900	100%	1980	660

* July 1, 2002 – June 30, 2003

A random sample of 495 children were drawn from each group in order to obtain 165 respondents in each stratum (33% was the expected response rate). Sample size estimates of 165 were calculated from the four gap groups for three response variables (see Appendix 1).

Survey Design

The survey was designed in collaboration with staff from the RIte Care program, health services researchers from Brown University, RIte Care parents, advocacy groups, health center representatives and private foundations (see Appendix 2 for survey design members). This survey design group met seven times from February 2003 – July 2003 to design drafts of the RIte Care Family Health Survey (see Appendix 3). The survey was then piloted with six RIte Care parents. The survey was translated into Spanish by Horton Associates. Questions were designed to address:

- Health coverage
- Access and utilization
- Health status
- Barriers to care
- Unmet health care needs
- Satisfaction

Data Collection and Management

Five interviewers were hired and trained in July 2003 and started Computerized Assisted Telephone Interviewing (CATI) in August 2003. One interviewee was bilingual/bicultural and conducted interviews in Spanish. CATI was very useful to keep track of completed interviews within each stratum group. A letter from the RIte Care program director went out to the 1,980 random sample of parents selected for the survey (see Appendix 4).

The study director was available on site for questions from the interviewers and met weekly with them to discuss data management questions. The systems analyst was also on call to help the interviewers with the CATI system and to obtain their ongoing list of potential respondents.

Analysis Plan

The analysis plan was to determine the effect of a child's gap in health coverage on access to health care. The RIte Care cohort was stratified by intermittent and continuous coverage (i.e. the predictor variable) and compared on different access, utilization and unmet need measures.

IV. RESULTS

Follow-up Status of Survey Phone Calls

The five interviewers made 5,785 phone calls on the CATI system in order to complete the 660 required interviews. This means on average it took 8.8 phone calls to obtain one interview. Table 2 shows the follow-up status of each of the phone calls. The interviewers were unable to reach a RIte Care member most commonly due to no answer (36.1%), line not in service (11.6%) or answering machine (6.5%).

TABLE 2: FOLLOW-UP STATUS OF SURVEY PHONE CALLS

	Number	Percent
Unable to Reach RIte Care Member		
No Answer	2092	36.1
Not In Service	671	11.6
Answering Machine	375	6.5
Busy	373	6.4
Wrong Person	335	5.8
Disconnected	225	3.9
Business	66	1.1
Able to Reach RIte Care Member		
Completed Phone Interview	660	11.4
Scheduled Callback	655	11.3
Language	224	3.9
Refused	77	1.3
Moved Out of State	32	0.5
Total Phone Calls Made	**5,785**	**100%**

Health Insurance Categories

The original plan was to analyze outcomes by four RIte Care gap groups. These four gap groups were created by the MMIS files and included 1) 0 month enrolled in RIte Care 2) 1 – 5 month enrolled in RIte Care 3) 6 – 10 month enrolled in RIte Care and 4) 12 months enrolled in RIte Care. However, when parents were asked how many months their child had health coverage from July 1, 2002 – June 30, 2003 most children who were not enrolled or intermittently enrolled in RIte Care according to MMIS in fact were covered by private health insurance. (Note: 63.3% of those with no RIte Care enrollment had continuous private insurance and 36.2% of those with intermittent RIte Care enrollment had continuous private coverage.) Therefore new insurance groups were created to reflect the child's coverage. Table 3 shows how the two gap groups of intermittent and continuous were created by parent self report of the child's health insurance. Appendix 5 shows the distribution of parent self report by MMIS enrollment file reports for child's insurance coverage.

The intermittent health coverage group includes children whose parents said they had health coverage from 0 – 10 months, as well as children whose parents thought they had RIte Care for 12 months, but the enrollment files show they were only enrolled for 10 months or less. The average months uninsured for the intermittent group was 5.2 months.

The continuous health coverage group included both children who were continuously insured in RIte Care or Private Insurance or who had private and/or RIte Care (i.e., dual coverage) for 12 months or more.

TABLE 3: HEALTH INSURANCE CATEGORIES*
FOR JULY 1, 2002 – JUNE 30, 2003

	Number	Percent
Intermittent Health Coverage Group	**290**	**43.9%**
Average months uninsured 5.2		
Included in intermittent group:		
1) Uninsured 6 – 12 months	78	11.8
2) Uninsured 1 – 5 months	111	16.8
3) Insured RIte Care 12 months by self-report, but enrolled in RIte Care < 11 months according to MMIS files	101	15.3
Continuous Coverage Group	**370**	**56.1%**
Average months insured 14.1		
Included in continuous group:		
4) Insured RIte Care 12 months and enrolled in RIte Care 12 months according to MMIS files	137	20.8
5) Insured Private/Employer 12 months	120	18.2
6) Insured Private/RIte Care ≥ 12 months	113	17.1
Total	**660**	**100%**

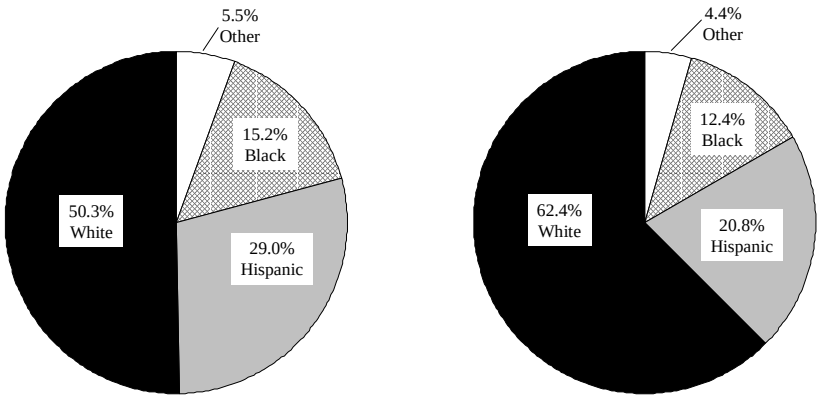
* Self reported by parent at time of interview

Characteristics of Children

The two groups of RIte Care children – those with intermittent health coverage compared to those with continuous health coverage - were similar except for their race/ethnicity and language. Table 4 shows that the age, gender, health plan and income distributions were the same. However, children with intermittent coverage were significantly more likely to be of a minority race/ethnicity. Fifty percent (49.7%) of the intermittent coverage group were minority race compared to 37.6% of the continuous coverage group.

Hispanic children were over-represented in the children with gaps in coverage (29% compared to 21%). Figure 1 shows a comparison of the race/ethnicity distribution between the two groups.

Figure 1: Differences In Race/Ethnicity of Children with Intermittent Health Coverage vs. Continuous Health Coverage



Children with Intermittent Health Coverage

Children with Continuous Health Coverage

TABLE 4: CHARACTERISITCS OF CHILDREN BY CHILD'S HEALTH COVERAGE

	Intermittent Health Coverage (n=290)	Continuous Health Coverage (n=370)
Age		
1 – 4 – preschool	25.9	23.2
5 – 11 – school age	38.3	44.9
12 – 18 – teenage	35.9	31.9
Race/Ethnicity*		
White, Non Hispanic	50.3	62.4
Hispanic	29.0	20.8
Black, Non Hispanic	15.2	12.4
Asian	3.8	2.2
American Indian	1.7	2.2
Gender		
Male	55.5	50.3
Female	44.5	49.7
Language*		
English	81.7	90.5
Spanish	18.3	9.5
Health Plan		
NHP	57.9	51.6
United	30.0	36.2
Blue Chip	7.2	6.0
Missing	4.8	6.2
Income as Percent of Federal Poverty Level (FPL)		
< 100% FPL	32.4	30.2
100-150%	33.8	30.4
150-185%	12.4	13.9
185-200%	4.8	5.7
200-250%	12.4	9.5
Unknown	4.1	10.3

* $p < .05$ ** $p < .01$ *** $p < .001$

Characteristics of Parents and Families

Children in the intermittent insurance group are significantly more likely to experience family disruption than children with continuous coverage. On all five measures of family disruption asked on the survey – parents have no health insurance, changed jobs, moved, unable to pay rent or mortgage, or household without phone – children with gaps in their health insurance are significantly more likely to experience instability at home. In fact, these family disruption measures show the highest level of significance consistently across all measures compared to any of the utilization or access measures analyzed.

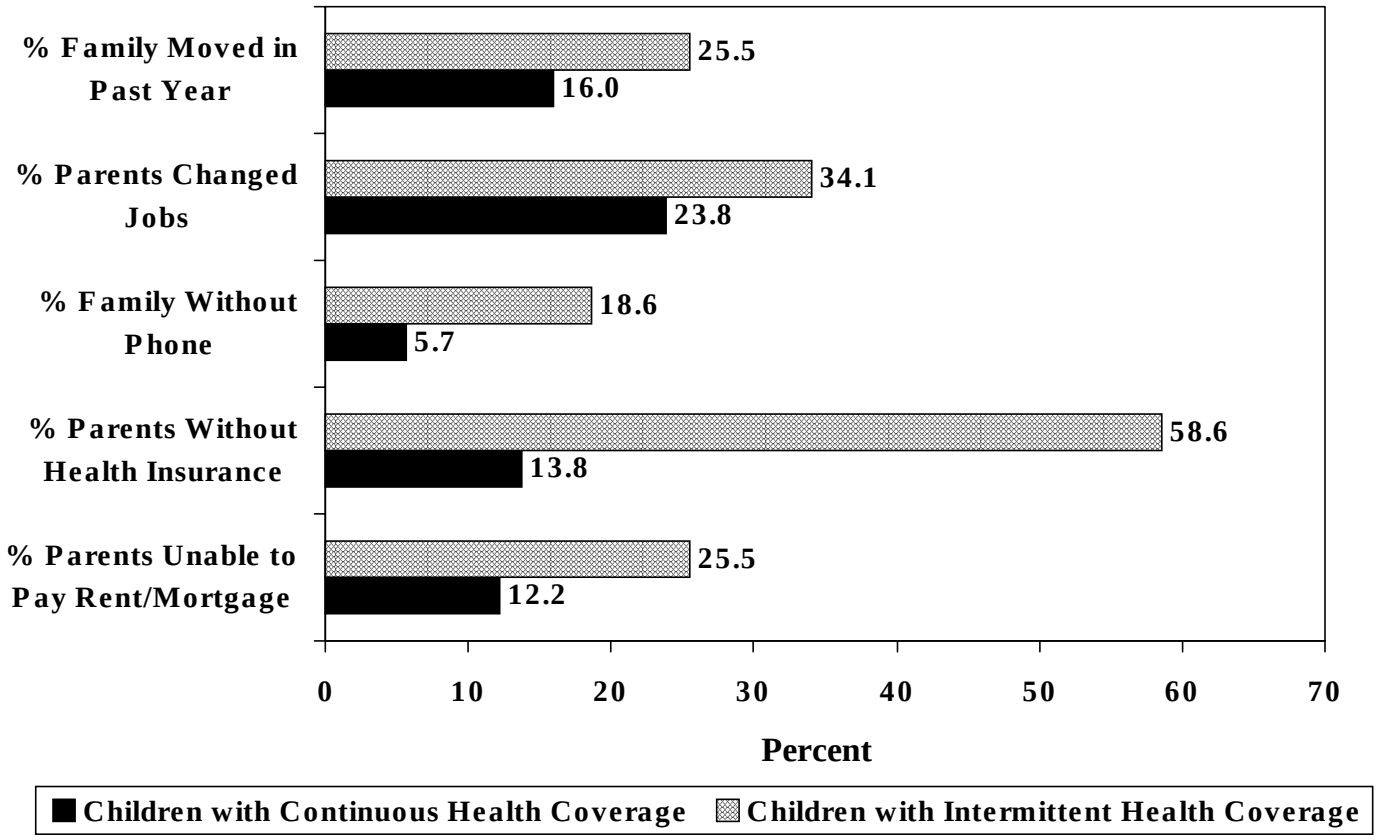
Table 5 shows that for children with gaps in health insurance, the majority of their parents are also without health coverage (58.6%). Figure 2 shows that for children with intermittent coverage, 34% of their parents changed jobs, 26% moved, and 26% were unable to pay rent or mortgage. These measures show the inter-relatedness of jobs, health insurance, paying for housing and moving.

TABLE 5: FAMILY CHARACTERISTICS BY CHILD'S HEALTH INSURANCE COVERAGE

	Intermittent Health Coverage (n=290)	Continuous Health Coverage (n=370)
% Family Moved in Past Year **	25.5	16.0
% Parents Changed Jobs ***	34.1	23.8
% Family Without Phone**	18.6	5.7
% Parents w/o Health Insurance ***	58.6	13.8
% Parents Unable to Pay Rent/Mortgage***	25.5	12.2

* $p < .05$ ** $p < .01$ *** $p < .001$

Figure 2: Family Disruption Measures by Child's Health Coverage



Health Status

Table 6 shows there were no significant differences in health status between children with gaps in health coverage compared to children with no gaps in health coverage. Ninety three percent (93.1%) of the parents with children in the intermittent group rated their child's health status from good to excellent compared to 95.1% for the continuous group.

The rate of chronic health conditions was the same in both groups with one out of three children having a "chronic health condition or problem that requires ongoing medical care or medication." The three leading medical conditions were the same in both groups – asthma, attention-deficit-hyper-kinetic syndrome and allergies. In addition, the number of days the child was not able to participate in usual activities due to their health condition was the same in both groups. Eight days was the average days lost by both the intermittent and continuous group.

TABLE 6: HEALTH STATUS MEASURES BY CHILD'S HEALTH INSURANCE COVERAGE

	% Of Children With Intermittent Coverage (n=290)	% Of Children With Continuous Coverage (n=370)
Child's Current Health Status		
Excellent	41.0	44.9
Very Good	26.9	29.7
Good	25.2	20.5
Fair	6.6	3.5
Poor	0.3	1.4
Has Chronic Health Problem		
Yes	31.7	32.2
No	68.3	67.8
Leading Chronic Health Condition (of those who had a condition)		
Asthma	31.9	30.3
Hyper Kinetic Syndrome (ADD)	14.3	17.6
Allergies	14.3	12.6
Days Child Unable to Take Part in Usual Activity (play, school, work)		
0 Days	29.0	31.2
1 – 5 Days	40.0	39.8
6 – 10 Days	15.9	15.2
≥ 11 Days	15.2	13.8
Average Days Missed Usual Activity	8.1	8.0

* $p < .05$ ** $p < .01$ *** $p < .001$

Access to Health Care

Access to health care was very high for both groups, but children with intermittent coverage had difficulty getting needed care. Table 5 shows that the overwhelming majority of children regardless of their health coverage have access to primary care and a medical home as measured by having a usual place for care and a personal doctor. Children with intermittent coverage were less likely to have a usual place for routine care (96.7% compared to 99.2%), have a personal doctor (85.2% compared to 91.1%) and to have had a check-up visit in the past (90.3% compared to 96.8%). Almost one in ten of the children with intermittent coverage did not have a check-up with a doctor in the past year.

There are significant differences in where children with intermittent coverage and those with continuous coverage go for routine health care. Children with continuous coverage are more likely to go to a private doctor's office than are children with intermittent coverage (67.9% compared to 56.8%) and children with intermittent coverage are more likely to use health centers as the site of their routine care (28.6% compared to 17.7%). This difference in practice setting may be due in part to the higher proportion of Hispanic children in the intermittent group and the availability of bilingual/bicultural staff at the health centers.

There were no differences in the site of care for an urgent visit (i.e. when the child needed to see a doctor that day). Both the intermittent health coverage group and the continuous coverage group had similar emergency department rates for urgent visits (12.6% vs. 14.1%).

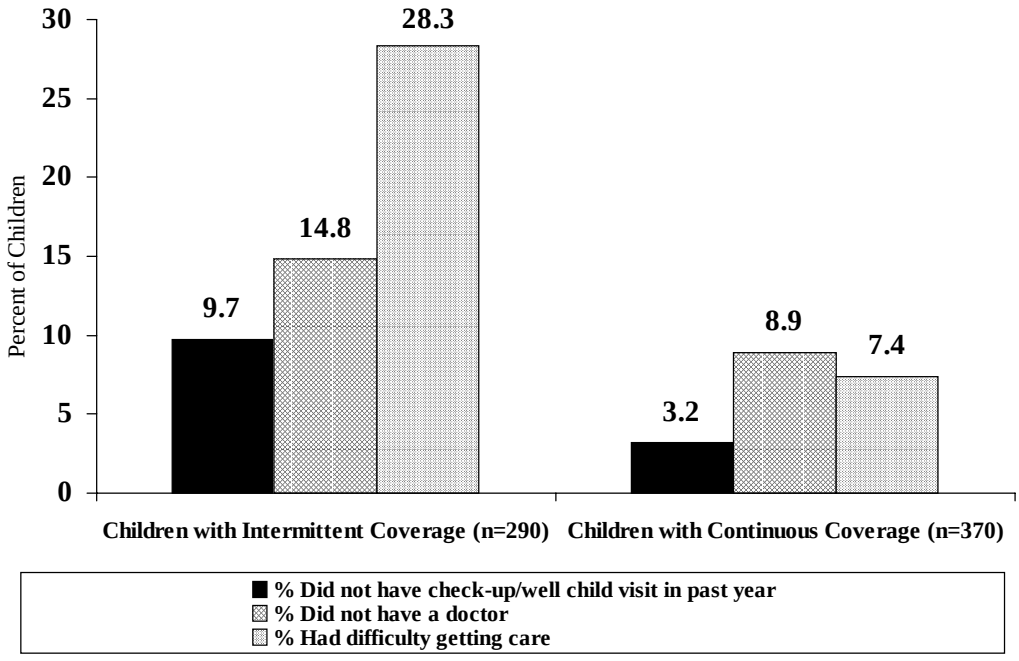
TABLE 7: ACCESS TO HEALTH CARE MEASURES BY CHILD'S HEALTH INSURANCE COVERAGE

	% Of Children With Intermittent Coverage (n=290)	% Of Children With Continuous Coverage (n=370)
Has a Usual Place for Routine Care*		
Yes	96.7	99.2
No	3.5	0.8
Has a Personal Doctor*		
Yes	85.2	91.1
No	14.8	8.9
Had a Well Visit or Check-up in Past Year*		
Yes	90.3	96.8
No	9.7	3.2
Site of Routine Health Care **		
Private Doctor's Office	56.8	67.9
Hospital Clinic	13.9	14.4
Community Health Center	28.6	17.7
Hospital Emergency Department	0.0	0.0
Walk-in/Urgent Care	1.0	0.0
Site of Acute/Sick Health Care (needs to see doctor that day)		
Private Doctor's Office	45.9	56.0
Hospital Clinic	11.8	8.7
Community Health Center	17.0	13.6
Hospital Emergency Department	12.6	14.1
Walk-in/Urgent Care	12.6	7.6
Difficulty Getting Medical Care***		
Not Difficult	71.7	92.7
Difficult	17.6	6.0
Very Difficult	10.7	1.4

* $p < .05$ ** $p < .01$ *** $p < .001$

Figure 3 shows that children with gaps in health coverage did significantly worse on three key access measures. When compared with children with continuous coverage, children with intermittent coverage were three times as likely not to have seen a doctor for a check-up in the past year (9.7% compared to 3.2%). They were also less likely to have their own doctor. A child with intermittent health coverage was four times as likely to face difficulty when trying to get medical care (28.3% compared to 7.4%). Parents stated the major difficulty was difficulty paying for the medical care and frustrations with billing problems.

Figure 3: Children's Access to Health Care Measures by Health Coverage



Utilization of Health Care

Both children whose health coverage has been disrupted and those who have continuous coverage have similar primary and secondary health care visits. Table 8 shows, that except for well check-ups, both groups of children have similar distributions for acute and specialty care visits, emergency department visits and hospital admissions. Children with intermittent coverage are more likely not to have had a well check-up.

TABLE 8: UTILIZATION OF HEALTH CARE BY CHILD'S HEALTH COVERAGE

	% Of Children With Intermittent Coverage (n=290)	% Of Children With Continuous Coverage (n=370)
Number of Well Visits/Check-ups**		
None	9.7	3.2
One	50.0	59.2
Two	20.3	22.6
≥ Three	20.0	15.4
Number of Sick/Acute Visits		
None	32.1	24.9
One	17.2	18.9
Two	18.6	22.2
≥ Three	32.1	34.0
Number of Specialty Care Visits		
None	67.6	67.0
One	15.9	12.7
Two	5.5	6.8
≥ Three	11.0	13.5
Ever Had ED Visit		
Yes	35.9	33.5
No	64.1	66.5
Number of ED Visits (of those who had visits)		
One	66.4	61.3
Two	24.0	22.6
≥ Three	9.6	16.1
Ever Admitted to Hospital		
Yes	3.8	5.4
No	96.2	94.6

* $p < .05$ ** $p < .01$ *** $p < .001$

Figure 4: Average Number of Different Types of Visits
By Child's Health Coverage

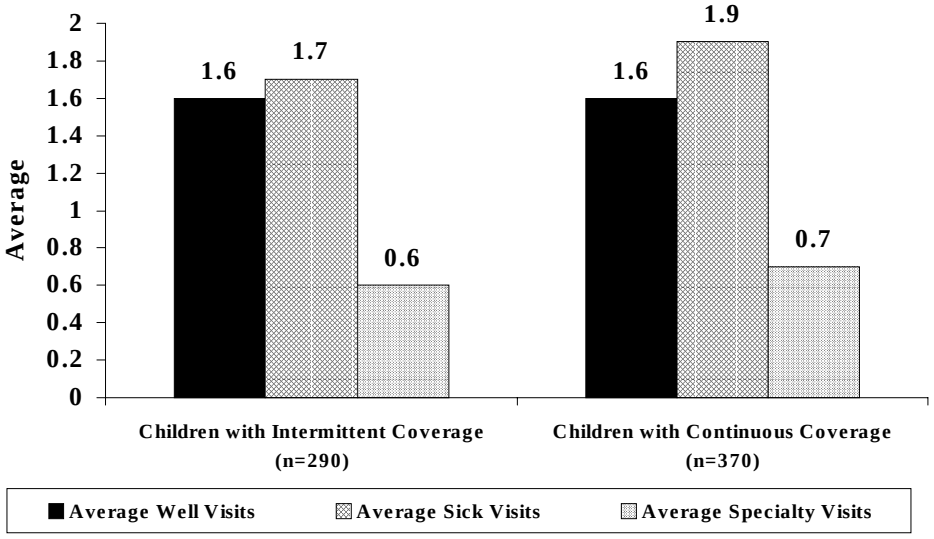


Figure 4 shows the average number of well check-up, sick visits and specialty visits for each coverage group. The average total visits is similar in both groups. This shows that despite barriers to care children with intermittent coverage have patterns of utilization similar to children with continuous coverage.

Barriers to Health Care

Parents of children with intermittent health coverage face significant barriers to health care compared to children with continuous coverage. The survey asked about fourteen possible barriers to care that caused delay for the child getting needed health care. Children with disruption of health insurance had higher rates of barriers on all fourteen measures. Table 9 shows the top ten barriers that reached statistical significance between the two groups.

The primary barriers to health care for children with interrupted coverage are lack of insurance, change in insurance and not having enough money. Almost thirty four percent (33.5%), or one in three children with intermittent coverage, experienced barriers to health care due to a change in health insurance versus only one in ten children with continuous coverage. In addition, children without continuous coverage were twice as likely not to get care because they had to wait too long for an appointment (17.6% vs. 8.4%).

TABLE 9: TOP TEN BARRIERS TO HEALTH CARE BY INSURANCE STATUS: REASONS CHILDREN DELAY OR DO NOT GET HEALTH CARE

	Intermittent Coverage (n=290)	Continuous Coverage (n=370)
1st Did not have Health Insurance ***	44.1	8.7
2nd Changed Health Plans or Health Insurance ***	33.5	10.0
3rd Didn't Have Enough Money to Pay Doctor ***	21.0	6.5
4th Had to Wait Too Long for an Appointment ***	17.6	8.4
5th Appointment Conflicted with Home/Work Responsibility **	16.5	9.7
6th Language, Communication or Cultural Problem with Doctor *	8.3	3.8
7th Doctor did not have Skills Needed *	12.4	6.8
8th Type of Health Care was not Covered by Health Plan *	20.3	14.1
9th Couldn't Get Appointment Soon Enough **	19.0	11.4
10th Could Not Get Approval from Health/Plan *	15.9	19.5

* $p < .05$ ** $p < .01$ *** $p < .001$

Unmet Health Needs

Parents were asked about eight primary care services needed for children including a well child check-up, dental care, prescription medication, specialty care, hearing exam, eye glasses, lead screen and mental health services. Parents were asked if child needed a service and if they were able to get service without a problem, get service with a problem or not get service at all.

Table 10 shows that the top three needs of all children are well check-ups, dental care and prescription medication. Parents of children with disruption of coverage are significantly more likely to say their child does not need dental care or prescription medication. This may not be based on true need, since both groups of children are similar in all health status measures, but rather underestimating their child's health needs due to inability to obtain these services.

Dental care has the highest proportion of children with unmet need for both children with intermittent health coverage and continuous health coverage. Twenty percent (20.5%) of children with intermittent health coverage do not get dental care when they need it.

TABLE 10: UNMET NEED FOR PRIMARY AND SPECIALTY CARE BY INSURANCE STATUS

In the Past Year Percent of Children Who…	Intermittent Coverage (n=290)	Continuous Coverage (n=370)
… Needed Physical Exam/Well Child Check-Up	**94.8**	**95.7**
% Got services, did not have a problem ***	87.3	97.5
% Got service, did have a problem	8.0	1.7
% Did not get service	4.7	0.9
… Needed Dental Care *	**70.7**	**78.4**
% Got services, did not have a problem **	62.4	72.8
% Got service, did have a problem	17.1	16.2
% Did not get service	20.5	11.0
… Needed Prescription Medication *	**53.1**	**61.1**
% Got services, did not have a problem *	79.2	87.6
% Got service, did have a problem	16.9	11.5
% Did not get service	3.9	0.9
… Needed Care from a Specialty Doctor	**33.1**	**34.0**
% Got services, did not have a problem *	70.8	89.0
% Got service, did have a problem	15.6	7.1
% Did not get service	13.5	4.0
… Needed a Hearing Test	**33.5**	**31.6**
% Got services, did not have a problem **	90.7	97.4
% Got service, did have a problem	4.1	2.6
% Did not get service	5.2	0.0

* $p < .05$ ** $p < .01$ *** $p < .001$

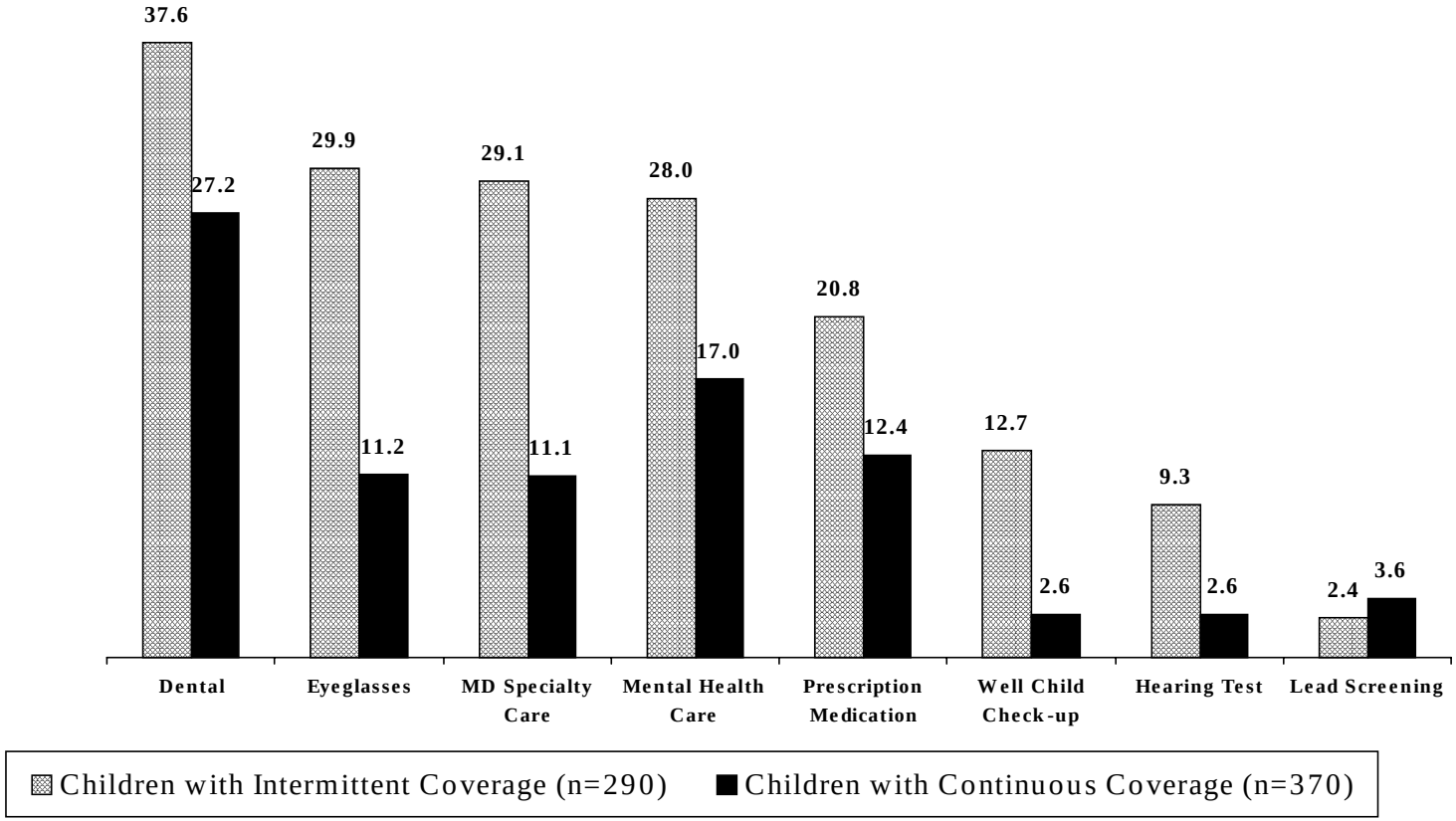
TABLE 10: UNMET NEED FOR PRIMARY AND SPECIALTY CARE BY INSURANCE STATUS

In the Past Year Percent of Children Who…	Intermittent Coverage (n=290)	Continuous Coverage (n=370)
… Needed Eye Glasses	**29.0**	**31.6**
% Got services, did not have a problem **	70.2	88.9
% Got service, did have a problem	17.9	8.6
% Did not get service	11.9	2.6
… Needed a Lead Screen	**28.6**	**30.8**
% Got services, did not have a problem	97.6	96.5
% Got service, did have a problem	2.4	1.8
% Did not get service	0.0	1.8
… Needed Mental Health Care	**14.8**	**14.3**
% Got services, did not have a problem *	72.1	83.0
% Got service, did have a problem	14.0	11.3
% Did not get service	14.0	5.7

* $p < .05$ ** $p < .01$ *** $p < .001$

Figure 5 shows the ranking of the unmet needs for the eight primary care needs. The figure shows that children with intermittent coverage have higher rates of unmet need for all primary care services, except lead screening. The ranking for the two groups is also different. After dental care the next two services with the highest unmet need for children with disrupted health care are eye glasses and specialty care whereas for children with continuous coverage after dental, mental health and prescription medication are highest. Among all children regardless of coverage, getting needed dental services and mental health services are the biggest unmet needs.

Figure 5: Percent of Children With Unmet Need* For Eight Primary Care Services by Insurance Status



(* Unmet need = needs service and did not get service or had a problem getting service.)

Satisfaction with RIte Care

Table 11 shows that the majority of RIte Care parents are satisfied with the program. Most parents are treated with respect by the case worker (90.3%); think the RIte Care application is easy to fill out (91.4%); agree that RIte Care notices are easy to understand (89.9%) and coverage problems are easy to solve (78.2%). When these satisfaction measures are analyzed by coverage status, parents whose children had intermittent coverage were significantly more likely to have had problems with RIte Care coverage issues. Seventy three percent (73.1%) of parents with children with intermittent coverage stated that coverage problems were easy to solve whereas 82.2% of parents whose children had continuous coverage said coverage problems were easy to solve. It is interesting to note that parents who speak Spanish have the hardest times with coverage problems. Only sixty percent (60.0%) of Spanish speaking parents whose children have intermittent coverage find problems with RIte Care coverage easy to solve.

TABLE 11: SATISFACTION WITH RITE CARE

	Intermittent Coverage (n=290)	Continuous Coverage (n=370)
% Agree that RIte Care caseworker Treats Parent with Respect **	86.9	93.0
% Agree that RIte Care Application is Easy to Fill Out	92.1	90.8
% Agree that RIte Care Notices Sent to Parent are Easy To Understand	87.6	91.6
% Agree that RIte Care Coverage Problems are Easy To Solve	73.1	82.2

* $p < .05$ ** $p < .01$ *** $p < .001$

IV. DISCUSSION

Children with intermittent health insurance coverage for one year following 12 months of continuous RIte Care coverage have less access to health care, face more barriers to care and experience more unmet health care needs than children with continuous health care coverage. In addition their parents are more likely to not have health insurance, to have changed jobs, moved and faced other economic hardships**.**

Children with gaps in coverage are more likely to be of minority race and to speak Spanish. They are less likely to have a usual place for health services, a personal doctor and a preventive visit in the past year. In addition they are significantly more likely to have difficulty getting needed care.

Although children with intermittent coverage face barriers to care they are still able to get the same average number of visits (including well, sick and specialty visits) as children with continuous care. In addition after one year children with gaps in coverage had not seen any erosion in health status. It seems the one year of continuous coverage in RIte Care before their intermittent year of coverage has given them a medical home and even though they face many difficulties getting health care they still are able to ensure their child receives doctor visits.

Appendix 1:

Sample Size Estimates

RIte Care Family Health Survey – Sample Size Estimates

Purpose: To measure effect of gaps in coverage on access to care

Sample: RI resident children <18 enrolled in RIte Care –
Jan 1, 2002 – June 30, 2002

and from July 1, 2002 – June 30, 2003:*

Group 1 = 0 days enrolled = 12month RC gap
Group 2 = 30-179 days enrolled = 6-11 month RC gap
Group 3 = 180-330 days enrolled = 1-5 month RC gap
Group 4 = 365 days enrolled = 0 month RC gap

	Group 1	Group 2	Group 3	Group 4
Total Enrolled in RIte Care	7,653	8,491	11,024	51,846
Sample size needed for power**	165	165	165	165
Random sample needed from MMIS***	495	495	495	495

* according to MMIS

** 90% power to detect differences between 4 groups based on 3 response variables –1)needed dental care (n= 65) 2)no usual place for primary care (n= 125), 3) uses ED for primary care (n= 165)

*** only one child per family

Methods:

Six drafts of questionnaire survey designed with expert group of program staff, researchers, advocates, and RIte Care parents. Piloted with eight parents.

Hired and will train six interviewers (Aug4th)

Letters to potential respondents sent out week of July 28th

Conduct 660 phone surveys using Ci3 for questionnaire design and WinCATI for sample management

Appendix 2:

Survey Design Group

RITE CARE FAMILY HEALTH SURVEY
SURVEY DESIGN WORKGROUP - January 2003

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Appendix 3:

Family Health Survey

RIte Care
Family Health Survey

Final Draft

August 7, 2003

<u>Prepared by:</u>

Jane Griffin, MPH
MCH Evaluation, Inc.
& Survey Design Group

RITE CARE FAMILY HEALTH SURVEY

Child's Name: _____

Parent's Name _____

Address: _____

_____

_____

Phone: _____

MID # _____

Other Notes:

_____

_____

_____

_____

_____

_____

_____

INTRODUCTION TO THE PHONE CALL INTERVIEW

Hello, this is _____ calling on behalf of the RIte Care Program.
We sent you a letter a few days/weeks ago inviting you to answer some survey questions.
We are talking to you today so we can improve services to children enrolled in RIte Care.
Today we want to talk to you or the person in the household who knows the most about <NAME'S> health and healthcare.
Did you receive the letter? (If no, do you want me to read it to you?)
Do you have any questions about the letter?
The survey takes about 15-20 minutes.
Do you have time now? (if no, when is a good time?)

All the information you give in this survey is confidential and you or any family member will not be identified in any way. It is ok not to answer any questions that make your uncomfortable. There will be no change in your services or benefits whether or not you participate in this survey.

(Please fill in the above information before continuing with survey)

1. Survey ID Number _____ _____ _____ _____

2. MID Number ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

3. Number of Attempts to Contact Client _____

4. Follow-up Status _____
   1 = Completed Interview
   2 = Able to contact -- Declined Interview
   3 = Unable to contact – has phone
   4 = Unable to contact – no phone
   5 = Deceased
   6 = Moved Out of State
   7 = Other

5. Date of Actual Interview ____ ____ / ____ ____ / ____ ____

[Start Survey Here]

I'm going to ask you questions about <NAME'S> health in the past twelve months since <AUGUST 2002 – one year ago>

6. In the past year, would you say <NAME> health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

7. Compared to one year ago, how would you rate <NAME> health now?

Much better……... 1

Somewhat better 2

About the same 3

Somewhat worse 4

Much worse 5

8. In the past year how difficult was it for <NAME> to get medical care when needed? Would you say it is....

Not Difficult 1

Difficult.....2

Very Difficult …… 3

If difficult – please explain why? _____

_____

_____

9. Does <NAME> have any chronic health conditions or problems that require ongoing medical care or medication?

Yes [Please list conditions]_____ . 1

_____

No [GO TO 11] ……. 2

10. Do you consider <NAME'S> health condition

Not very serious…… 1

Serious ……..……..….. 2

Very serious ……. 3

11. In the past year how many days was <NAME> unable to take part in usual activities (such as play, school or work) due to any health condition …….. . _____ _____ _____

12. Is there a place that <NAME> usually goes for routine health care such as a physical exam or well child check-up?

Yes …….	1
No [GO TO 14] ….....	2

13. What kind of place does <NAME> usually go when (he/she) needs routine healthcare?

Private Doctor's office.....	1
Hospital Clinic ……..	2
Community Health Center ……	3
Hospital Emergency Room	4
Walk-In/Urgent Care.....	5

14. A personal doctor or nurse is the health care provider who knows <NAME> best. Do you have one person that you think of as <NAME'S> personal doctor or nurse?

Yes ……..….	1
No …….....	2

Now I'm going to ask you how many different types of doctor's visits <NAME> had in the last year. In the past year…

15. …how many "well" visits or check-ups did <NAME> have with doctor? _____ _____

16. …how many "sick" or "follow-up" visits did <NAME> have with doctor? _____ _____

17. …how many "specialty" visits did <NAME> have with other doctors or specialists? _____ _____

18. Has <NAME> ever been sick and needed to see a doctor that day?

Yes	1
No [GO TO 20].....	2

19. Where does <NAME> usually go when he/she is sick and needs to see the doctor that day?

Private Doctor's office ……..	1
Hospital Clinic ……..	2
Community Health Center ……	3
Hospital Emergency Room ……	4
Walk-In/ Urgent Care	5

20. In the past year, how many times has <NAME> gone to a hospital emergency room? _____ _____

21. In the past year, has <NAME>been admitted to the hospital for an overnight stay?

Yes	1
No [GO TO 23] ….....	2

22. In the past year, how many nights did <NAME> spend in the hospital? _____ ____ _____

In the past 12 months did <NAME> delay or not get needed health care? By healthcare I mean medical care as well as other kinds of care like dental care or mental health services.

Did <NAME> delay or not get healthcare because….

	Yes	No
23. …you had to wait too long for an appointment	1	2
24. … of a change in health care plans or health insurance	1	2
25. … of not having any health insurance	1	2
26. … you couldn't get through health care provider's office on the telephone?	1	2
27. …you couldn't get an appointment soon enough?	1	2
28. …the clinic or doctor's office was not open when you could get there?	1	2
29. …you didn't have enough money to pay the health care provider?	1	2
30. …the type of care <NAME> needed was not available in your area	1	2
31. …the health care provider did not have the skills <NAME> needed?	1	2
32. …the type of health care was not covered by your health plan?	1	2
33. …you could not get approval from your health plan or doctor?	1	2
34. …once you get there <NAME> has to wait too long to see the health care provider?	1	2
35. …you have language, communication or cultural problems with your health care provider?	1	2
36. …going to appointments conflicts with other responsibilities at home or at work?	1	2

36. I am going to read you a list of medical and support services <NAME> may have needed or received in the PAST YEAR. In the PAST YEAR did <NAME> need.....	36a 1= YES needed or received the service [Go To Next Column] 2 = NO did not need the service [Go to next question]	36b Was <NAME> able to get service? 1 =YES got it <u>did not</u> have problem [Go to next question] 2 = YES got it but had a problem [Go To Next Column] 3 = NO not able to get service [Go To Next Column]	36c What is the major reason you had a problem getting this service? 1= had to wait too long for appointment 2= no doctors or providers 3 = cost too much 4 = health plan problem 5 = not available in area/transportation problem 6 = not convenient times 7 = doctor did not know how to treat or provide care 8 = other _____
A physical exam or well child check-up	1 2	1 2 3	_____
Care from a specialty doctor	1 2	1 2 3	_____
Dental care	1 2	1 2 3	_____
Mental health care or behavioral counseling	1 2	1 2 3	_____
Prescription medications	1 2	1 2 3	_____
Eyeglasses or vision care	1 2	1 2 3	_____
Hearing Test	1 2	1 2 3	_____
Lead Screen	1 2	1 2 3	_____

45. How many years has (was) <NAME> been on RIte Care? _____ _____

46. In the past year, how many times have you filled out a RIte Care application? _____ _____

I am going to read you some statements about the RIte Care program. Tell me if you disagree or agree with the following:

	Agree	Disagree
47. Your RIte Care case worker treats you with respect	1	2
48. The RIte Care application is easy to complete	1	2
49. Notices sent by the RIte Care Program are easy to understand	1	2
50. When you have a problem with RIte Care coverage it is easy to solve	1	2

I'm now going to ask some background and family questions
So we can better understand the needs of RIte Care clients

51. What is <NAME'S> race/ethnic group?

White	1
Hispanic …….....	2
Black	3
Asian.....	4
American Indian	5

52. In the past year has <NAME'S> …..

	Yes	No
…. family moved?	1	2
…. parents/caretaker changed jobs?	1	2
…. family been without phone service?	1	2
…. parents/caretaker been without health insurance?	1	2
…. parents/caretakers been unable to pay rent/mortgage?	1	2

53. In the past year was <NAME> ever uninsured or without health coverage?

Yes ……..… 1

No [GO TO 55]…….. 2

54. How many months in the past year was <NAME> uninsured? _____ _____

55. In the past year was <NAME> ever on private or employer health insurance?

Yes …… 1

No [GO TO 57]……. 2

56. How many months in the past year was <NAME> on private health insurance or other employer health insurance? _____ _____

57. How many months in the past year was <NAME> on RIte Care or other Medicaid coverage? _____ _____

58. In the past year did <NAME > ever change health insurance or health care plans?

Yes ……..…… 1

No [GO TO 60]……..…… 2

59. How many times did <NAME> change health insurance? _____ _____

60. *Is there anything else you would like to tell me about <NAME's> health care or the RIte Care program?*

Appendix 4:

Letter to Parents

[DHS Letterhead]

July 28, 2003

Dear RIte Care Parent,

The RIte Care Program is conducting a health survey and may be calling you over the next few months to find out how the RIte Care Program is working for you. MCH Evaluation, Inc. is the health survey firm we have hired to conduct this survey. Your input is very important and will be used to decide how to provide better services to our RIte Care members.

The phone survey takes about 10-20 minutes. All the information you give is confidential and those who participate will not be identified in any way. Your services or benefits will not be affected in any way based on your answers or whether or not you decide to participate.

If you have any questions or would like to set up a particular interview time, please call MCH Evaluation at 431-6290 or toll free at 1-866-SURVEY6. Thank you for your help.

Sincerely,

Tricia Leddy, Administrator
Center for Child and Family Health

Appendix 5:

Health Insurance Misclassification

Appendix 5: Health Insurance Misclassification
Child's Health Insurance Coverage
Parent Self-Report by RIte Care MMIS Enrollment Files
July 1, 2002 – July 30, 2003

Parent Self-Report – Months Insured & Type of Insurance

		Intermittent			**Continuous**			**Total**
		Insured RC 0 – 5 mos	Insured RC 6 – 11 mos	Insured 12 mos RC	Insured 12 mos RC	Insured 12 mos PVT	Insured ≥12 mos RC/PVT	
Months Enrolled in RIte Care - MMIS	0	19	18	24	0	72	33	166
	1 - 5	39	32	22	0	39	32	164
	6 – 11	18	44	55	0	9	39	165
	12	2	17	0	137	0	9	165
	Total	78	111	101	137	120	113	660
		290			370			